

Student's Name _____
(Last) (First) (Middle) (Known As)

Date of Birth _____ Birth Place (City/State or Country) _____

Male Female Grade _____ Has your child ever attended school in Alpine School District? Yes No

School Last Attended _____ Address _____

Student transferred from: Circle One WITHIN DISTRICT OUT OF DISTRICT OUT OF STATE OUT OF COUNTRY*

Enrollment Date in First USA School _____ *If out of country, which country? _____

Father's Email _____ Mother's Email _____

Student's Home Address _____
(Street) (City) (State) (Zip)

Name of Parent or Legal Guardian _____

STUDENT LIVES WITH (Write Names)	DOB	Foster	Step	Circle Primary Phone #		
				HOME PHONE	CELL PHONE	WORK PHONE
Father						
Mother						
Guardian						
Other						
Student's school-aged siblings:						
Schools siblings are/will be attending:						

Circle One

- Yes No Has your child lived in the US for the last 3 years?
 Yes No Do you have legal custody of the child you are registering?
 Yes No Is the child you are registering a foster child/ward of the court?
 Yes No Does this child have an **Individualized Education Plan** or is he/she receiving Special Education Services?
 Yes No Are you living with friends or relatives?
 Yes No Has your child ever been suspended/expelled from school?
 Yes No Is this child receiving English language support?
 Yes No Is the primary language spoken in the home English? If no, what language is spoken? _____
 What is the native language of this student? _____

I attest by this signature I am the custodial parent or legal guardian of the student above. I acknowledge that falsifying this record makes me subject to law.

Parent/Guardian Signature _____ Date _____

PLEASE TURN OVER AND FILL OUT BACK OF THIS FORM

OFFICE USE ONLY

Teacher _____ Track _____ Student # _____ Date Enrolled _____ Start Date _____
 Skyward - NCLB Schedule Home Room Advisor Class List ESL Y or N
 Immunizations - Complete In Process Birth Certificate Proof of Residency Legal Docs
 Administrator Approval _____

Federal Legislation is now requiring more detailed reporting for student ethnicity and race. As a result, Alpine School District asks that you help us comply with this legislation by answering the following questions.

ETHNICITY: Is this student Hispanic/Latino?

Yes Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No Not Hispanic/Latino

RACE: What is this student's race? (Choose one or more)

American Indian or Alaska Native (a person having origins in any of the original peoples of North, South or Central America and who maintains tribal affiliation or community attachment)

If checked, please indicate which Tribe or Band _____

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam)

Black or African American (a person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

I understand that the district is required to report the above information for all students, but I refuse to declare a race for my student. I understand that district personnel will do their best to determine my child's race and report that determination.

Parent's Last Name

Student's Last Name

Home Address

City

Home Phone

ALPINE SCHOOL DISTRICT
EMERGENCY & RELEASE INFORMATION

Occasionally a student may become ill or have an accident while at school. This may necessitate contracting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your child in case of an emergency. Registration is not complete without this signed form. List your students attending this school, oldest first.

Student Information

Table with 7 columns: Last Name, First Name, M/F, Grade, Teacher, Birth Date, List any Health Problems

Parent Information

Table with 5 columns: Name (please print name), Employer, Work Phone, Cell Phone, E-mail Address. Rows for Father, Mother, Legal Guardian, Step Father, Step Mother.

Alpine School District requires a legal guardian or a person authorized by the guardian to sign for your student to be released from school during the day. Please include individuals you authorize to pick up your child from school when you cannot be contacted. If someone who is not listed below comes to check out your student, we will not be able to release them. Non-custodial parent's names must be written below for non-custodial parent to check this student out.

Local Emergency Contacts (the individuals listed below are authorized to check out my student from School)

Table with 5 columns: Name, Street, City, State, Zip, Phone, Relationship

In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is deemed necessary.

Physician's Name: Phone:

Is there information on file preventing certain individuals from checking this student out? Yes No

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and I agree to the emergency procedures outlined above.

Signature of Parent or Legal Guardian

Relationship to the Student

I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.

Please notify the school office of any changes regarding this information.

**ALPINE SCHOOL DISTRICT
GUARDIANSHIP STATUS FORM**

Under Utah Law 53A-2-202, a child is eligible to attend school if their parent or legal guardian resides within the school's boundaries. If the school is a closed school, exceptions may only be granted by applying through the "Out of Area Committee" at the Student Services Department in the District Office.

Select the statement below which best describes your relationship to the student whom you wish to register in Alpine School District. A separate form must be completed for each child you are registering.

Student's Legal Name: _____

1. _____ The above named child lives with both parents (legally married) and I am the parent (birth or adopted) of this child.

2. _____ I am the parent (birth or adopted) of this child and am not currently married to other parent, but I have been awarded Physical Legal Custody by a court.*

3. _____ I am the birth parent of this child but was never married to the mother/father.

4. _____ I am not the parent (birth or adopted) of this child. I am a relative or friend.
(Please choose one of the following.)
 - a. _____ I have been awarded legal guardianship of this child through the court.**
 - b. _____ I have not been awarded legal guardianship of this child through the court.

5. _____ I am a foster parent or proctor parent.

6. _____ None of the above statements describe my relationship to this child.
(Please describe your relationship to this child.)

Your Name: _____
(please print)

Your Signature: _____ Date _____
(By signing this document, I attest that the above information is true and correct.
I acknowledge that any falsification of information makes me subject to penalty of law.)

To assist us in complying with court orders, you must provide us with a copy of the most recent **legal court documents before the student can enroll.*

****Verification of court order or DCFS placement must be provided prior to child being enrolled.**